

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0008066060	File Number: 0000105063	Submit Date: 02/03/2020	Call Sign: KZKZ-FM	Facility ID: 20611
City: GREENWOOD	State: AR			
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 02/03/2020	Filing Status: Active

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FAMILY COMMUNICATIONS, INC. Doing Business As: FAMILY COMMUNICATIONS, INC.	Jay Lynch 6420 SOUTH ZERO FORT SMITH, AR 72903 United States	+1 (479) 646-6700	jayl@kzkzfm.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jay Lynch , Mr . Family Communications Inc.	Jay Lynch PO Box 6210 Fort Smith, AR 72906 United States	+1 (479) 646-6700	jayl@kzkzfm.com	General Manager

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
20611	KZKZ-FM	GREENWOOD	AR	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

Certification

Question	Response
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The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	02/03 /2020
Certified Title	General Manager
Authorized Party Name	Jay Lynch , Mr .

Attachments

No Attachments.